

GROUP ACTIVITIES: Participant Direct Service Data Collection Tool – SNP List
(May use if AB99 information is already collected)

Program/Group Name: _____ (optional) **Activity Location Name:** _____

Date Information: Single or Start Date (mm/dd/yyyy): ____ / ____ / ____ End Date (mm/dd/yyyy): ____ / ____ / ____

Number of occurrences: _____ **Average duration:** _____ ☐ hours **OR** ☐ minutes **OR** ☐ Not applicable

Enter **ONE** modality code in the box:

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Modality	04 In-person consultation/service	08 Phone consultation
Codes:	01 Case management	05 Support group session
	02 Home visit	06 Class/workshop
	03 Mobile service	07 Public/community event
		09 Mailing/distribution of materials
		99 Other

Please mark (X) ALL applicable activities associated with the modality entered above.

Result 1: Improved Family Functioning (Family Support, Education and Services)

- | | |
|---|---|
| <input type="checkbox"/> Behavioral, Substance Abuse, and Mental Health Services
<input type="checkbox"/> Substance abuse treatment/screening
<input type="checkbox"/> Mental health/Behavioral assessment
<input type="checkbox"/> Behavioral aides
<input type="checkbox"/> Play therapy
<input type="checkbox"/> Parent-child intervention
<input type="checkbox"/> Other psychological counseling
<input type="checkbox"/> Social skills training
<input type="checkbox"/> Psychiatric/medication services
<input type="checkbox"/> Behavioral consultation
<input type="checkbox"/> Individual behavior plan
<input type="checkbox"/> Other therapy
<input type="checkbox"/> Adult Education and Literacy for Parents
<input type="checkbox"/> Adult literacy programs
<input type="checkbox"/> Job training/citizenship/other adult education
<input type="checkbox"/> Community Resource and Referral | <input type="checkbox"/> Distribution of Kit for New Parents
<input type="checkbox"/> Family Literacy Programs
<input type="checkbox"/> Provision of Basic Family Needs (Food, Clothes, Housing)
<input type="checkbox"/> Provision of food, clothes, emergency funds, housing, or other basic needs
<input type="checkbox"/> Enrollment/assistance with TANF, WIC, Food Stamps, or food program
<input type="checkbox"/> Transportation services or voucher
<input type="checkbox"/> Targeted Intensive Parent Support Services
<input type="checkbox"/> Respite care
<input type="checkbox"/> General Parenting Education Programs
<input type="checkbox"/> Other Family Functioning Support Services
<input type="checkbox"/> Family planning
<input type="checkbox"/> Service coordination |
|---|---|

Result 2: Improved Child Development (Child Development Services)

- | | |
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| <input type="checkbox"/> Preschool for 3 and 4 Year Olds
<input type="checkbox"/> Comprehensive Screening and Assessments
<input type="checkbox"/> Developmental screening – SNP protocol
<input type="checkbox"/> Speech and language assessment
<input type="checkbox"/> Other screening or assessment
<input type="checkbox"/> Targeted Intensive Intervention for Identified Special Needs
<input type="checkbox"/> Consultation on speech and language
<input type="checkbox"/> Group speech and language therapy
<input type="checkbox"/> Individual speech and language therapy
<input type="checkbox"/> Socialization group
<input type="checkbox"/> Specialized movement class
<input type="checkbox"/> Inclusive recreation program
<input type="checkbox"/> Integrated play group
<input type="checkbox"/> Buddy program
<input type="checkbox"/> Social-emotional curriculum | <input type="checkbox"/> Discrete trial training or other behavioral teaching program
<input type="checkbox"/> Early Education Programs for Children (Other than School Readiness and Preschool for 3 and/or 4 year olds)
<input type="checkbox"/> Recreational/physical activities for children alone or together with parents
<input type="checkbox"/> ECE*/child care subsidies or vouchers
<input type="checkbox"/> ECE*/child care resources and referral
<input type="checkbox"/> Kindergarten Transition Services
<input type="checkbox"/> Other Child Development Services |
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*ECE = Early care and education

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Result 3: Improved Health (Health Education and Services)

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|---|---|
| <input type="checkbox"/> Breastfeeding Assistance | <input type="checkbox"/> Safety Education and Intentional and Unintentional Injury Prevention |
| <input type="checkbox"/> Nutrition and Fitness | <input type="checkbox"/> Safety education and injury/violence prevention |
| <input type="checkbox"/> Other Health Education | <input type="checkbox"/> Car seat distribution |
| <input type="checkbox"/> Health Access | <input type="checkbox"/> Specialty Medical Services |
| <input type="checkbox"/> Home Visitation for Newborns | <input type="checkbox"/> Audiology services |
| <input type="checkbox"/> Oral Health | <input type="checkbox"/> Vision services |
| <input type="checkbox"/> Dental screening | <input type="checkbox"/> Physical therapy |
| <input type="checkbox"/> Dental treatment | <input type="checkbox"/> Occupational therapy |
| <input type="checkbox"/> Oral health education | <input type="checkbox"/> Assistive technology services |
| <input type="checkbox"/> Prenatal Care | <input type="checkbox"/> Medical evaluation for diagnosis |
| <input type="checkbox"/> Primary Care Services (Immunizations and/or Well-Child Checkups) | <input type="checkbox"/> Nursing services |
| <input type="checkbox"/> General health screening | <input type="checkbox"/> Other health services |
| <input type="checkbox"/> Vision screening | <input type="checkbox"/> Tobacco Cessation Education and Treatment |
| <input type="checkbox"/> Hearing screening | <input type="checkbox"/> Other Health Services |
| <input type="checkbox"/> Other screening | |
| <input type="checkbox"/> Immunizations | |
| <input type="checkbox"/> Well-baby or well-child checkups | |

Participant Roster

First name	Last name	Birth date (mm/dd/yyyy)	Total service contacts (days of service)
		__ / __ / ____	
		__ / __ / ____	
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